## EST AVAILABLE COPY

|                                                                                                                                                                                                                                                                           |                                                                                     |           |                                   |                 |      |                                            |                  |                     |                   | Application or Docket Number |                        |          |              |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------|-----------------------------------|-----------------|------|--------------------------------------------|------------------|---------------------|-------------------|------------------------------|------------------------|----------|--------------|------------------------|--|
|                                                                                                                                                                                                                                                                           | PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 29; 1999  09/493677 |           |                                   |                 |      |                                            |                  |                     |                   |                              |                        |          |              |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                            |                                                                                     |           |                                   |                 |      |                                            |                  |                     | SMALL ENTITY TYPE |                              |                        | OR       | OTHER THAN   |                        |  |
| FOR                                                                                                                                                                                                                                                                       |                                                                                     |           | NUMBER FILED                      |                 |      | NUMBER E                                   | XTRA             |                     | RATE              |                              | FEE                    |          | RATE         | FEE                    |  |
| BASIC FEE                                                                                                                                                                                                                                                                 |                                                                                     |           |                                   |                 |      |                                            |                  |                     |                   |                              | 345.00                 | OR       |              | 690.00                 |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                              |                                                                                     |           | / U minus 20                      |                 |      | . /                                        |                  |                     | X\$ 9=            |                              |                        | OR       | X\$18=       |                        |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                        |                                                                                     |           | 3 minus 3 =                       |                 |      | . /                                        |                  |                     | X39=              |                              |                        | OR       | X78=         |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                          |                                                                                     |           |                                   |                 |      |                                            | +130=            |                     |                   | OR                           | +260=                  |          |              |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                  |                                                                                     |           |                                   |                 |      |                                            |                  | -                   | TOTAL             |                              | OR                     | TOTAL    | 140          |                        |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                               |                                                                                     |           |                                   |                 |      |                                            |                  |                     |                   |                              | L                      | ,        | OTHER        |                        |  |
|                                                                                                                                                                                                                                                                           |                                                                                     |           | umn 1)                            |                 |      | Column 2)                                  | (Column 3)       |                     | SMALL             |                              | ENTITY OR              |          | SMALL ENTITY |                        |  |
| AMENDMENT A                                                                                                                                                                                                                                                               | •                                                                                   | REM<br>Al | AIMS<br>IAINING<br>FTER<br>NDMENT | ·               | PF   | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                     | RATE              |                              | ADDI-<br>TIONAL<br>FEE |          | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                           | Total                                                                               | . 1       | 6                                 | Minus           | **   | 20                                         | =                | $oldsymbol{\sqcup}$ | -X\$ 9            | =                            |                        | OR       | X\$18=       |                        |  |
| AME                                                                                                                                                                                                                                                                       | Independent                                                                         | •         | 3                                 | Minus           | ***  |                                            | =                |                     | X39:              | =                            |                        | OR       | X78=         |                        |  |
|                                                                                                                                                                                                                                                                           | FIRST PRESE                                                                         | NTATIO    | ON OF ML                          | ILTIPLE DEF     | END  | DENT CLAIM                                 | <u> </u>         | J                   | +130              | =                            |                        | OR       | +260=        |                        |  |
|                                                                                                                                                                                                                                                                           |                                                                                     |           |                                   |                 |      |                                            |                  |                     |                   | TÁL                          |                        | ΩB       | TOTAL        |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                          |                                                                                     |           |                                   |                 |      |                                            |                  |                     | ADDIT. F          | ·EE                          |                        |          | ADDIT. FEE   |                        |  |
| 8                                                                                                                                                                                                                                                                         |                                                                                     | CI        | AIMS                              |                 |      | HIGHEST                                    |                  | 1                   |                   |                              | ADDI-                  |          |              | ADDI-                  |  |
| AMENDMENT E                                                                                                                                                                                                                                                               |                                                                                     | A         | MAINING<br>FTER<br>NOMENT         |                 | .PI  | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |                     | RAT               | E                            | TIONAL<br>FEE          |          | RATE         | TIONAL<br>FEE          |  |
|                                                                                                                                                                                                                                                                           | Total                                                                               | . /       | 1                                 | Minus           | ج.   | 20                                         | =                |                     | X\$ 9             | =                            |                        | OR       | X\$18=       | ·                      |  |
|                                                                                                                                                                                                                                                                           | Independent                                                                         | [-        | <u> 3</u>                         | Minus           | ••   |                                            | =                |                     | X39               | -                            |                        | OR       | X78=         |                        |  |
|                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |           |                                   |                 |      |                                            |                  |                     | +130              | _                            |                        | OR       | +260=        |                        |  |
|                                                                                                                                                                                                                                                                           |                                                                                     |           |                                   |                 |      |                                            |                  |                     |                   | TAL                          |                        |          | TOTAL        |                        |  |
|                                                                                                                                                                                                                                                                           | lialos                                                                              | (0-1      | h.mam'4\                          |                 | ,,   | Caluma (1)                                 | (Calumn 2)       |                     | ADDIT. F          | EE                           |                        | On       | ADDIT. FEE   |                        |  |
|                                                                                                                                                                                                                                                                           | CUIVIT                                                                              |           | lumn 1)<br>Aims                   |                 |      | Column 2)<br>HIGHEST                       | (Column 3)       | 1                   |                   |                              | 4001                   | 1        | <u></u>      | ADDI-                  |  |
| AMENDMENT C                                                                                                                                                                                                                                                               |                                                                                     | A         | AAINING<br>FTER<br>NOMENT         |                 | P    | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |                     | RATI              | Ξ                            | ADDI-<br>TIONAL<br>FEE |          | RATE         | TIONAL<br>FEE          |  |
| MON                                                                                                                                                                                                                                                                       | Total                                                                               | ·         | 27                                | Minus           | ••   | <u> 35</u>                                 | = 1              |                     | X\$ 9             | =                            |                        | OR       | X\$18=       |                        |  |
| AME                                                                                                                                                                                                                                                                       | Independent                                                                         | · (       | <u> </u>                          | Minus           | . •• | 8                                          | - 8              |                     | X39:              | -                            |                        | OR       | X78=         |                        |  |
|                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |           |                                   |                 |      |                                            |                  |                     | +130              |                              |                        |          | +260=        |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                     |                                                                                     |           |                                   |                 |      |                                            |                  |                     |                   |                              | OR                     | TOTAL    |              |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                                                     |           |                                   |                 |      |                                            |                  |                     |                   |                              |                        |          | ADDIT. FEE   |                        |  |
| -                                                                                                                                                                                                                                                                         | The 'Highest Num                                                                    | ber Pre   | viously Pai                       | d For (Total or | Inde | pendent) is the                            | highest numb     | er fou              | und in the        | app                          | propriate box          | t in col | lumn 1.      |                        |  |